

Surgical Society of Ireland on December 17th, 1853, related the case of a man in whom the astragalus was dislocated outwards by a fall. Reduction was accomplished within a minute, by bending the thigh on the pelvis and the leg on the thigh, while extension was made from a double clove hitch fastened round the foot, and pressure made on the astragalus, the foot at the same time being rotated outwards. Mr. Tufnell makes the following remarks on the statistics of this injury:—

"In forty-six cases of this accident recorded by Mr. Turner of Manchester, I find six only to have been completely reduced; and of these six, three were accompanied by fracture, one of the tibia alone, second of the tibia and fibula, and the third of the os calcis.

"In two cases, the bone was partially reduced; in ten, it was suffered to remain in its new situation; in six, it was partially excised; in eighteen, it was wholly excised; and in four, the limb itself was removed by amputation. Of these forty-six cases, sixteen were simple dislocations, and thirty were complicated or compound. It is with the first only that we have now to deal.

"Of these sixteen cases, then, three were reduced, the patients regaining useful feet. In eight instances, the astragalus was left undisturbed in its new position. Five of these cases did well, but the form of luxation in each was the same, namely, that directly backwards, 'the astragalus, resting in the interval between the posterior part of the tibia and the tendo-Achillis, a spot sufficiently spacious to give occupancy to the dislocated bone without much removal of the tendon of the heel, and without direct pressure on the integuments of this region.' In the other three cases, where the bone was suffered to remain, and where the direction of the dislocated bone was either forwards, forwards and outwards, or forwards and inwards, there was a far different result. In the first, there was a permanent deformity; in the second, ankylosis of the joint; and in the third, permanent deformity and lameness.

"In the single case of partial excision, there was a useful foot; and in the two cases of complete excision, there was the same result. The remaining two cases were submitted to amputation. We have left, then, for consideration, out of these sixteen cases of simple dislocation (after deducting the three reduced and the five luxated backwards as not appertaining to the form of dislocation now before us), eight cases from which to draw our conclusions as to the mode of treatment to be adopted, namely, whether to leave the astragalus in its new situation, or to excise it partly or *in toto*."

Mr. Tufnell says that the three cases of excision are favourable to the practice of the operation when dislocation of the astragalus cannot be reduced; but he very sensibly points out that, though such an operation may leave a man a foot that he can use, it does not leave him a foot fitted to bear the hard work of a labourer. In persons of the latter class, he would therefore practise Syme's operation; and he is still further led to express an opinion in favour of the latter plan, by a consideration of the relative risk to life caused by the two operations. He contrasts the "inflammation, suppuration, sloughing, abscesses, and perhaps diffuse inflammation, the water-dressing, poultices, incisions, etc." of the one, with the "one or two sutures, strap of plaster, and light dressing, required for the other". (Abridged from *Dublin Medical Press*, Dec. 28th, 1853.)

In connexion with the subject of dislocation and excision of the astragalus, we would refer to a memoir by M. BROCA, of which an abstract was published in the ASSOCIATION JOURNAL for December 23rd, 1853.

## II.—OPERATIONS IN CASES OF RETENTION OF URINE.

### PUNCTURE OF THE BLADDER THROUGH THE SYMPHYSIS PUBIS.

At the meeting of the Medical Society of London on April 1st, Mr. HANCOCK alluded to the operation of puncturing the bladder through the symphysis pubis, as having been recommended and performed by Dr. Brander of Jersey. (ASSOCIATION JOURNAL, April 14th, p. 330.) In the *American Journal of the Medical Sciences* for April of this year, Dr. D. LEASURE relates a case in which he performed the operation on a man aged 72, who suffered from retention of urine in consequence of a double stricture of the urethra, and enlarged prostate. The instrument employed was a common hydrocele trocar and canula, the integument having been first divided down to the symphysis by a lancet. The operation was attended with great relief to the urgent symptoms. On the following day, a catheter was introduced through the urethra, and repeated on several occasions. The patient recovered, although he had an

attack of suppurative orchitis, and purulent deposit in the lungs, as shown by expectorating a large quantity of pus mixed with blood.

### OPENING THE MEMBRANOUS PORTION OF THE URETHRA IN RETENTION OF URINE FROM ENLARGED OR DISEASED PROSTATE.

Dr. J. A. LAWRIE, in an article published in the *Glasgow Medical Journal* for July 1854, regards an enlarged prostate as the most common cause of impossible catheterism; although cases of this kind are not numerous. He has for many years practised, in such cases, the operation of making an opening into the urethra beneath the pubes, using a common curved or rectangular lithotomy staff, a sharp pointed bistoury or lithotomy knife, and a straight metal or elastic catheter. The patient being placed and tied as for lithotomy, the staff is introduced and held as for this operation. The point of the staff ought merely to reach the apex of the gland, or pass about half an inch into it; hence the necessity for having the under portion of the staff short. The urethra is now to be opened by thrusting the knife into the groove of the staff, not deeper than merely to make sure that the canal has been opened, and, immediately withdrawing it, making an incision just large enough to admit the finger. The finger being placed in the wound, a straight metallic catheter is introduced into the urethra, and lodged in its membranous and pervious prostatic portions. The staff is now withdrawn: and a straight catheter in a short straight canal, is with a little gentle manipulation lodged in the bladder. As it is of importance to have a thorough command of the catheter, Dr. Lawrie uses one twelve inches long, slightly curved, and perforated at the point; the slight curve enables it to be glided under the arch of the pubes, and over a projecting third lobe, while the perforation at the point allows it to be withdrawn over the probed wire, and a short elastic tube to be lodged and retained in its place.

Dr. Lawrie was asked to see, in consultation, a gentleman upwards of eighty, who was labouring under retention of urine of several hours' continuance. A common sized catheter had seemed to reach the bladder, but gave vent to blood only. After several ineffectual attempts with the prostatic and other catheters, Dr. Lawrie performed the operation as above described, and with the utmost ease, and by the simplest possible operation, drew off a large quantity of bloody urine. The relief was great, but only temporary; the old gentleman sank, and died in about twenty-four hours.

Dr. Lawrie observes that want of success in this case does not militate against the operation. Everything was against it: the great age of the patient, the previous repeated attempts to introduce catheters, the loss of blood from the urethra and prostate, and exhaustion, made recovery all but impossible. In similar cases, he recommends that careful but not too frequent attempts be made to pass the prostatic catheter; and if these fail, the urethra should be opened *at once* in the manner recommended.

## ASSOCIATION INTELLIGENCE.

### ANNUAL MEETING OF THE ASSOCIATION.

THE ANNIVERSARY MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION will be held at Manchester, on Tuesday, Wednesday, and Thursday, the 12th, 13th, and 14th Sept., under the presidency of W. J. WILSON, Esq. [Vide p. 728.]

### ANNUAL MEETING OF SHROPSHIRE BRANCH.

The Annual Meeting of the Shropshire Branch of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION will be held on Friday the 25th August.

SAMUEL WOOD, Esq., *President*,  
T. J. DRURY, M.D., } *Hon. Secs.*  
J. R. HUMPHREYS, }

Shrewsbury, August 9th, 1854.

## EDITOR'S LETTER BOX.

### DOES CHOLERA NOW PREVAIL?

LETTER FROM T. O. WARD, M.D.

SIR,—I fear that your leader, entitled "The Cholera Epidemic", is calculated to excite unnecessary alarm. Believing that it is quite necessary that a leading medical journal like ours should notice the prevalence of cholera, and fully agreeing

with yourself in the practical importance of arresting the pre-morbid diarrhoea, I cannot admit that the disease is epidemic at the present time, and for the very reason that you mention in proof of its being so; viz., that "the great majority of cases are mild and manageable".

On the contrary, every report hitherto published of the epidemic cholera, concurs in stating that the first cases are almost invariably fatal. It was so in 1832; it was so in 1849; and also last year at Newcastle.

I therefore conclude that London is not affected with epidemic cholera, but simply that the late hot weather among other bowel complaints has produced many of aggravated English cholera, which is rarely fatal, though very alarming.

I am, etc., T. OGIER WARD.

Kensington, August 7th, 1854.

[An epidemic disease is now prevailing which, in its milder forms, is characterised simply by indigestion, slight rigors, and fits of serous purging. If the purging go on abundantly some hours or days, cramps, collapse, and death may occur. The name of the disease is of less importance than the treatment. We consider the disease in its mild and its severe forms as essentially the same. Dr. Ward holds an opposite opinion. On the day on which our last number appeared, we saw, with Mr. Whiteman of Putney, a case of cholera, which proved fatal. When we saw the patient, he was cold and blue. If he had been treated early, he would probably have been saved, and his attack registered "diarrhoea". The case is noted at p. 257 of the Registrar General's Report for the week ending August 5.—EDITOR.]

#### MR. BOTTOMLEY'S RECENT LETTER.

LETTER FROM JOHN MCINTYRE, M.D.

SIR,—As a provincial member of the Association, I cannot but regret, in common with many others, that Mr. Bottomley, of Croydon, should have penned such a letter as that contained in the JOURNAL of the 14th July.

Breathing anything but a good spirit towards our metropolitan brethren, who have acted throughout the short period of the existence of their Branch most nobly and energetically in maintaining the principles and advancing the interests of the Association, one is at a loss to know how Mr. Bottomley reconciles the tone of his letter with his assurance at the close,—“that he has suggested the foregoing observations without intending the least mark of disrespect to the metropolitan practitioners”.

Now what are the “observations”?

The first refers to the mode of admission into the Metropolitan Branch, which he very strongly objects to. This I shall not enter upon further than by observing, that for the maintenance of peace, order, and good feeling amongst the members of the Metropolitan Counties Branch, it was highly desirable they should have a power of refusing admission to any exceptionable candidates whom the Worcester Council might, unknowingly, introduce into their circle.

The next observation is, “Why was the Provincial Medical and Surgical Association founded?” In answer to this, Mr. Bottomley proceeds to draw a comparison betwixt the metropolitan and provincial practitioners, and very much—and unjustly as appears to me—to the disparagement of the former. But supposing the differences he describes to exist, viz., that the metropolitan practitioner is not “up” to the performance of the capital operations of surgery,—that he divides his responsibility with some consulting brother,—and that amongst them the practice is divided into three grades—physician, surgeon, and apothecary,—allow me to ask, why, in consequence of this, the interests of the metropolitan and provincial practitioners “must be widely different”? If the moral and intellectual advancement of the profession, and its consequent elevation in the scale of the community be the alone objects we have in view; if no selfish love of office or of power—the plague-spots of association—find a resting-place within us, we will rejoice in the co-operation of our metropolitan brethren, and hail each accession of them to our ranks as a proof of the efficiency of our exertions, and the intrinsic goodness of our cause. Prior to the establishment of a Metropolitan Counties Branch, the Association numbered amongst its ornaments some of the present illustrious members of that Branch,—and seeing that to these have been added others of like standing, and who moreover take an active interest in our cause, we may indeed, if our hands be clean and our hearts pure as to the high purposes of our body, rejoice in having added them to our ranks. The foundations of the Association were too broadly laid, I hope, to be shaken by the “observations”

of Mr. Bottomley. It has always breathed the catholic spirit for locality to have the power of its destruction. And although Mr. Bottomley assures us that our union “is fair to create a schism in our ranks”, and “that it will be a question at the annual meeting whether the cares of the Association should not be confined to the provinces”, we need anticipate no such results so long as confidence is placed, as I believe is now the case generally and justly, in the disinterestedness of the exertions of our metropolitan brethren, and in their great anxiety for our common weal.

If we appear at Manchester with the determination to exercise calm reasoning and forbearance, we shall witness the fruits of our deliberations developed in a closer knitting together of the bands that tie us in heart and feeling towards each other; and the hopes and fears of those who talk of disruption will be for ever dispelled.

But Mr. Bottomley has another “observation”: “Unless a material alteration be made in the manner of conducting the ASSOCIATION JOURNAL, I think it had better be given up altogether.” He wishes in its stead an annual volume of *Transactions*.

For many years past the Association has considered it expedient that it should possess a JOURNAL; and the Oxford and Swansea meetings formally ratified that decision. That a difference of opinion should exist on such a point amongst so large a body of men is not wonderful; but that this difference, if we desire peace and unanimity, should be constantly reiterated when the vastly greater number of the members strongly approve of the JOURNAL, is highly undesirable; and it becomes much more so, when, almost without exception, all the members bear testimony to the signal improvement effected in it by its present Editor.

Without the JOURNAL, how are we to have the “free communication amongst the members” mentioned in “the objects of the Association”? What bond of union are we to have betwixt the 2200 members? Without a weekly living proof of our existence as an Association, visiting alike the busy city and the quiet glen, carrying thither the increasing riches of medical discovery and knowledge, conveying intelligence of passing social events, and affording a medium of communication betwixt the members, I hesitate not to say that the days of our noble institution would be numbered. It is through the influence of the JOURNAL in its improved form, and through that alone, that the Association has attained its present unprecedented position. A JOURNAL of a healthy morality and a vigorous tone was certain of appreciation by the members of the profession, and they gladly availed themselves of the other advantages of association to obtain it; and although its pages are not enlivened by the “spiciness” of personal abuse, let us rejoice that it contains that which will nourish our minds and improve the tone of our profession.

Whatever decision may be come to, or whatever arrangements may be made, for the publication of *Transactions*, let us cling closely to our JOURNAL, feeling assured that coeval with the adoption of a retrograde policy respecting it, will be heard in the distance the Association's knell.

I am, etc.,

JOHN MCINTYRE.

Odiham, August 8th, 1854.

#### NEWS AND TOPICS OF THE DAY.

##### ESSEX AND HERTS BENEVOLENT MEDICAL SOCIETY.

The annual general meeting was held on Monday, 17th July last, at the Brunswick Hotel, Blackwall. The chair was occupied by Mr. Gilson, of Halsted, during the business proceedings; and Sir John Forbes presided at the dinner.

The Society was instituted in the year 1786, and has been enabled by the liberal donations of members of the profession, and the gentry of the two counties of Essex and Herts, to fund a sum of upwards of £8,000—from the interest of which, and the annual subscriptions, it pays annually £387 to distressed members and the widows and orphans of deceased members. Since the formation of the Society, upwards of £20,000 has been expended in grants of this kind; and the amount granted in some years has exceeded £400. The subscriptions and donations have latterly decreased, owing to several energetic members of the Society dying, and the younger members of the profession not taking so deep an interest in it.

The business of the day—viz., the auditing of the accounts, the awarding of the sums to be paid to widows, etc., and other